

Workplaces That Thrive

A Resource for Creating Mental Health-Friendly
Work Environments



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
Center for Mental Health Services
www.samhsa.gov



MENTAL
HEALTH

it's part of our workplace

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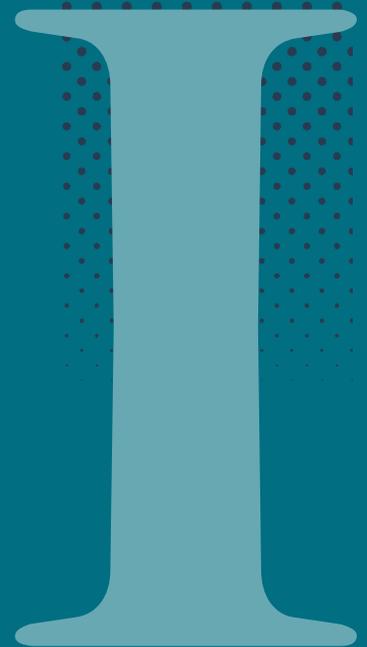
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SECTION

**A Mental Health-Friendly
Workplace: A Place Where
People and Business Thrive**



I. A MENTAL HEALTH-FRIENDLY WORKPLACE

Mental Illnesses Are Common

Mental health problems are health conditions involving changes in thinking, mood, or behavior. Mental health and mental illness can be pictured as two points on a continuum with a range of conditions in between. When these conditions are more serious, they are referred to as mental illnesses and include depression, anxiety disorders, childhood and adult attention-deficit/hyperactivity disorder, and other diagnosable illnesses that most often benefit from treatment and support.

These conditions can affect anyone, regardless of age, culture, race, gender, ethnicity, economic status, or location. Mental illnesses are surprisingly common—they affect almost every family in America.

The good news is that effective treatments are available and people recover from mental illnesses. How does recovery happen? A lot of people with mental illnesses work with therapists, counselors, peers, psychologists, psychiatrists, nurses, and social workers, often in combination with some of the most advanced medicines ever developed. They also use self-help strategies and community supports.

It is estimated that about one-third of those with mental illnesses are employed.¹ There's a very good chance that you, and every employee in your business, know someone who has a mental illness.

According to one study, nearly a quarter of the U.S. workforce (28 million workers ages 18-54) experience a mental or substance abuse disorder.² This study found that the most prevalent illnesses in the workplace are alcohol abuse/dependence (9 percent of workers); major depression (8 percent); and social anxiety disorder (7 percent). Further, 71 percent of workers with mental illnesses have never sought help from a medical or mental health specialist for their symptoms.

The National Institute of Mental Health has this to say about the effects of just one of these illnesses—depression—in the workplace:

This year, more than 19 million American adults (9.5 percent of the population) will suffer from this often misunderstood disorder. It is not a passing mood. It is not a

personal weakness. It is a major but treatable illness. No job category or professional level is immune, and even a formerly outstanding employee can be affected.

The good news is that, in more than 80 percent of cases, treatment is effective. It enables people with depression to return to satisfactory, functioning lives. And nearly everyone gets some degree of relief. Treatment includes medication, short-term talk therapy, or a combination of both.

Untreated depression is costly. A RAND Corporation study found that patients with depressive symptoms spend more days in bed than those with diabetes, arthritis, back problems, lung problems, or gastrointestinal disorders. Estimates of the total cost of depression to the Nation in 1990 range from \$30 to \$44 billion. Of the \$44 billion figure, depression accounts for close to \$12 billion in lost workdays each year. Additionally, more than \$11 billion in other costs accrue from decreased productivity due to symptoms that sap energy, affect work habits, and cause problems with concentration, memory, and decisionmaking. And costs escalate still further if a worker's untreated depression contributes to alcoholism or drug abuse.

Still more business costs result when an employee or colleague has a family member suffering from depression. The depression of a spouse or child can disrupt working hours, lead to days absent from work, affect concentration and morale, and decrease productivity.³

Recovery From Mental Illnesses

Recovery refers to the process in which people are able to live, work, learn, and participate fully in their communities. For some individuals, recovery is the ability to live a fulfilling and productive life despite a disability. For others, recovery implies the reduction or complete remission of symptoms. Science has shown that having hope plays an integral role in an individual's recovery.

Unfortunately, many people with serious mental illnesses do not seek or receive treatment; in 2002 fewer than half of adults with serious mental illnesses received treatment for their mental health problem. The common reasons people do not seek treatment include cost, fear, not knowing where to go for services, and concern about confidentiality and the opinions of

neighbors, employers, and community. This fear of what people may think—the stigma that surrounds mental illnesses—is a serious barrier to treatment and recovery. Fortunately everyone can do something to reduce stigma.

Many people who do not understand mental illness think that there is something shameful about this type of problem. This stigma that surrounds mental illnesses can stop people from getting an education, a home, and a job. In fact, many people do not seek treatment because they fear stigma and discrimination.

Social Stigma and Discrimination Toward People With Mental Illnesses

In spite of increased awareness and openness about mental illnesses, the social stigma and discrimination of mental illnesses remains a significant barrier to well-being and a full life for people who experience these illnesses. Stigma and discrimination often hold applicants back from applying for or being offered employment, despite their qualifications for the job. Stigma and discrimination may deter an employee from seeking help, and he or she may continue to try to work in a state of distress (or be absent from work). If an employee has been away from work

during treatment for a mental illness, stigma and discrimination may cause discomfort or even pain for the returning employee, as well as a sea of mixed reactions from supervisors and coworkers who may lack understanding or a comfort level with what to do and say.

Endnotes

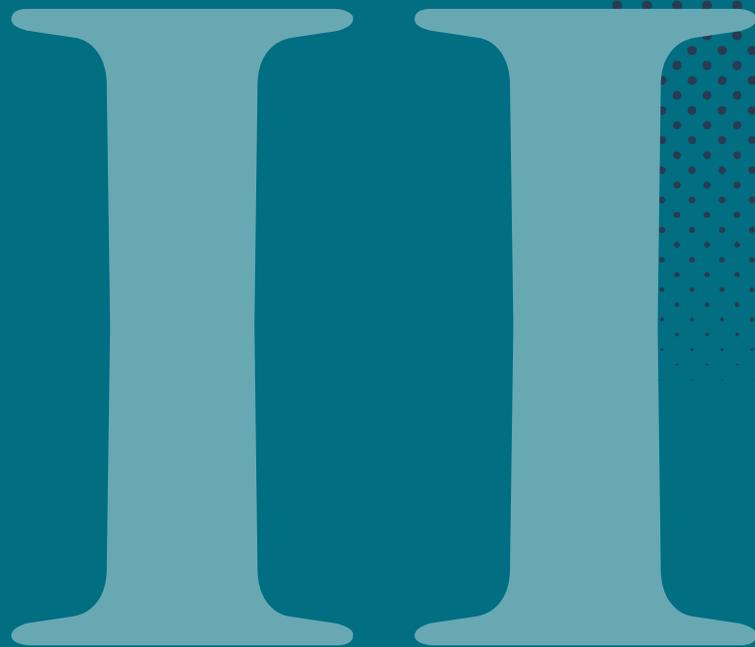
¹ Kaye, H.S. (2002). *Employment and Social Participation Among People with Mental Health Disabilities*. San Francisco: CA: National Disability Statistics and Policy Forum.

² Herz, Rob P., Ph.D., and Christine L. Baker, “The Impact of Mental Disorders on Work,” *Pfizer Facts* series, June 2002. This report is an analysis of the National Comorbidity Survey data, 1990-1992, Institute for Social Research, University of Michigan, funded by the National Institute of Mental Health and the National Institute of Drug Abuse, and the W.T. Grant Foundation.

³ National Institute of Mental Health. (Updated June 1999). *The Effects of Depression in the Workplace*. Bethesda, MD: National Institutes of Health, U.S. Department of Health and Human Services. Can be printed from www.nimh.nih.gov/publicat/workplace.cfm

SECTION

Elements of a Mental Health-Friendly Workplace



II. ELEMENTS OF A MENTAL HEALTH-FRIENDLY WORKPLACE

There is no single “right” picture of a Mental Health-Friendly Workplace. Factors that have a bearing on what will work best for any given business include:

- The leadership, goals, and values of the business;
- The culture of the business sector;
- The culture of the community in which the business operates;
- The size of the business; and
- The resources that can be brought to bear from service vendors, the community, and the employees themselves.

Whether your business is looking at its mental health friendliness for the first time or taking stock of how well current programs and practices are working, it is important to come back to these questions:

- What elements of a Mental Health-Friendly Workplace are already in place?
- How are they working?
- What are the long- and short-term goals?
- What are the next priorities and next steps?
- How will the worth or value of taking these steps be assessed?

The remainder of this section paints the Mental Health-Friendly Workplace portrait in broad strokes. Subsequent sections provide greater detail.

Some Indicators

Specific practices and policies in a workplace that values the health of its employees can be observed, including, of course, practices and policies that promote their mental health and well-being. These practices can positively affect productivity, cost-containment of health care, and employee retention—in fact, the entire culture of the business. Some observable indicators found in Mental Health-Friendly Workplaces are described on the following pages. Some businesses will recognize many of the indicators as descriptors of their own organizations; others will read them as a list of desirable options or components for building a Mental Health-Friendly Workplace. Any business that thinks of itself as being mental health-friendly will have a number of these elements in place. Think of your own organization as you scan the list.

The Mental Health-Friendly Workplace

- Welcomes *all* qualified job applicants; diversity is valued;
- Includes health care that treats mental illnesses with the same urgency as physical illnesses;
- Has programs and/or practices that promote and support employee health-wellness *and/or* work-life balance;
- Provides training for managers and front-line supervisors in mental health workplace issues, including identification of performance problems that may indicate worker distress and possible need for referral and evaluation;
- Safeguards the confidentiality of employee health information;
- Provides an Employee Assistance Program (EAP) *or* other appropriate referral resources to assist managers and employees;
- Supports employees who seek treatment or who require hospitalization and disability leave, including planning for return to work;
- Ensures “exit with dignity” as a priority, should it become essential for an employee to leave his or her employment; and
- Provides all-employee communication regarding equal opportunity employment, the reasonable accommodations policy of the Americans with Disabilities Act, health and wellness programs, and similar topics that promote an accepting, anti-stigmatizing, anti-discriminating climate in the workplace.

The Mental Health-Friendly Workplace Circle

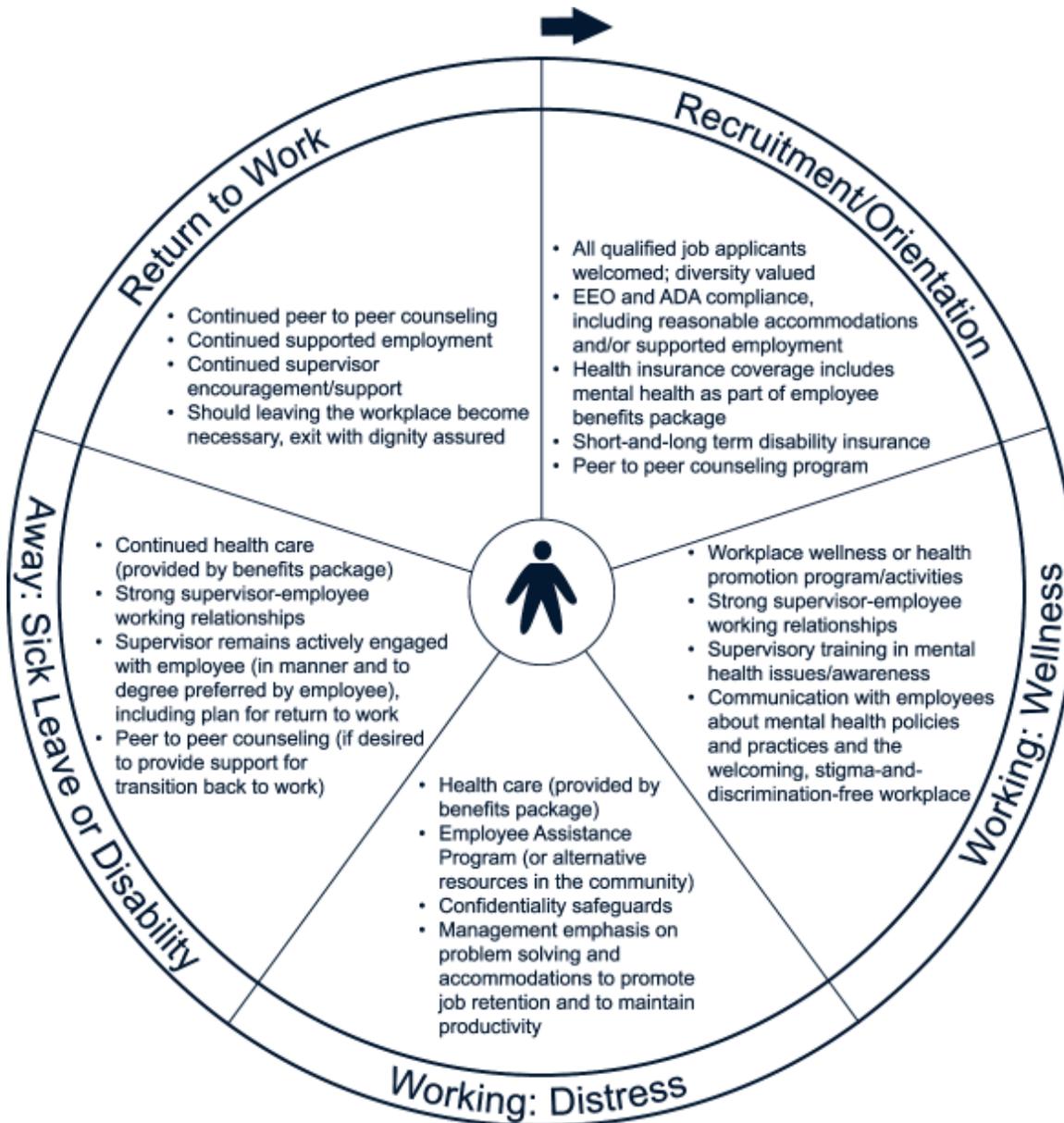
The circle on the following page portrays the potential elements of a Mental Health-Friendly Workplace across the life of an individual’s employment in a given organization. It shows what an employee (at the heart of the circle) can expect from a Mental Health-Friendly Workplace from the time of recruitment through times of working in health or, perhaps, in times of distress or disability and return to work.

The programs and practices enumerated in each segment of the circle support both the employee and his or her manager or supervisor. The lists of elements in each segment of the circle are suggestive, not exhaustive. It is unlikely that any single workplace will contain all of these elements.

If you are a human resources professional, a person playing a similar role, or a manager, this circle is meant to help you look at your organization (1) through the eyes of an employee and his or her work life in your organization, and/or (2) through the eyes of a supervisor who has an even closer daily connection with employees in times of health and in times of distress. This view of work

life may suggest opportunities to strengthen communication, guidance, and support for supervisors and employees as well as stimulate thinking about how well your mental health-friendly practices are meeting the needs of employees in all phases of their work life. The text, which follows the circle, briefly describes each segment of the diagram. Policies or practices noted in *italic type* are discussed in greater detail in Section III.

The Mental Health-Friendly Workplace Circle⁵



Recruitment/Orientation

The activities carried out during this segment of work life bring the job applicant or new employee in contact with many of the policies, practices, and procedures of the business. Regardless of how well-qualified the applicant is for the job, the person who has experienced a mental illness is likely to be quite reticent to self-disclose and risk the stigma and discrimination associated with mental illnesses. There are ways a business shows its mental health friendliness up front:

- When a prospective employee learns that the benefits package treats mental health as a part of overall health, it sends a clear indication that the workplace is likely to be a welcoming environment.
- As most employers know, the ***Americans with Disabilities Act (ADA)*** makes it unlawful to discriminate against a qualified applicant or employee with a disability.
- Hiring managers and/or supervisors need to be oriented to mental disability as a dimension of equal employment opportunity and diversity in the workplace. They also should become familiar with the provisions of the ADA to respond appropriately to questions a job applicant may raise regarding ***“reasonable accommodations”*** or ***“supported employment.”***
- Programs such as ***peer mentoring*** or ***buddy systems*** to help new employees adapt to the workplace culture also say, “This is a mental health-friendly environment.”

Working: Wellness

This segment of the circle represents the state in which every employer and employee wants time to be spent. Many employers have instituted ***health and wellness programs***, which can provide work-life balance activities and lifestyle change incentives to strengthen employee resilience and business loyalty. Some companies are documenting the simultaneous benefits to the organization in terms of health cost containment, employee retention, and attendance. These may sound like programs that only large Fortune 500 companies can undertake; however, many health promotion strategies can be undertaken on a limited budget. (See ***Mental Health-Friendly Practices on a Limited Budget***, Section III.)

Strong supervisor-employee and employee-employee working relationships are critical to maintain wellness. Workplace-sponsored professional growth opportunities, such as skill development in conflict resolution, effective interpersonal communication, team-building, and/or the application of strength-based supervision techniques, are examples in this area.

Supervisor training in mental health-related supervision is another important part of fostering a mental health-friendly atmosphere.

Internal employee communication—e-mail, newsletters, bulletin boards, and face-to-face meetings—are all useful tools to encourage healthy lifestyles among the workforce. Annual health fairs and the observance of events such as National Mental Health Awareness Month (May) are opportunities for communication. They also present occasions to bring community resources into the workplace from such organizations as State and local affiliates of the National Mental Health Association (NMHA) or the National Alliance for the Mentally Ill (NAMI). These organizations can provide education and awareness-raising presentations, or even special services such as confidential online depression screening for employees. (See Section V for more on the topic of employee communication.)

Working: Distress

Most employees experience a day now and then when they would describe themselves as being distressed—unhappy client, unhappy boss, too much work, too little time. The resilience-building techniques learned in the business’s **health and wellness program** may help offset the negativity and the employee may soon feel more in equilibrium.

However, there are more extended, more serious times and signs of distress or illness. Supervisors need to know how to respond to signs of employee distress *in a timely way*. Often no action is taken. Reasons can include the supervisor’s:⁴

- Fear of the consequences;
- Lack of confidence in his/her own assessment;
- Concern about “interfering”;
- Hope that the problem will go away on its own; or
- Personal history, which echoes a similar situation in his/her own life—past or present—that produces inaction.

Failure to respond sets a destructive dynamic in motion:

- Relationships between the employee and supervisor become strained;
- Coworkers feel confused and assume a sense of responsibility for the employee;
- In an effort to help, different people take over first smaller, then larger, tasks of the affected employee;

- Coworkers try to offer advice to the affected employee, whose response is not usually receptive or positive;
- Coworkers begin to feel angry;
- Morale deteriorates;
- The “problem”—that is the affected employee—becomes the primary focus of workgroup attention;
- Everyone’s ability to function is affected;
- Coworkers try to distance themselves from the affected employee; and/or
- Feelings of resentment, hopelessness, and emotional exhaustion develop in the workplace.

Frequently supervisors try to intervene near the end of the cycle by firing the affected employee. The better approach for everyone in the workplace is to intervene early.

Many businesses, especially large corporations, retain the services of employee assistance professionals whether in-house, through a vendor, or through other arrangements. These professionals provide a consultation resource to managers and supervisors (e.g., to help them learn to pick up on workplace behaviors that may indicate there is a problem or to help them develop workable solutions to prevent termination and encourage productivity). They also are a direct resource for employees for their own self-referral for diagnosis, intervention, treatment, and other appropriate care.

Reasonable accommodations can be most critical in times of distress and can help maintain employee wellness. For example, flexibility in scheduling and leave policies can help employees maintain their mental health by allowing them time to attend mental health appointments or to manage stress.

A small business that feels it cannot afford employee assistance services still can provide training for supervisors on recognizing and being aware of the options available to cope with employee distress:

- Through the business’s health insurance plan, an arrangement might be worked out for referrals to a mental health provider for intervention;
- Many companies also are promoting employee access to online mental health information resources such as national health (including mental health) information clearinghouses, screenings for depression and other common illnesses, and referral information; and/or

- Where no health insurance is available, employers should become knowledgeable about mental and behavioral health resources in the community and make that information available to all employees.

Away: Sick Leave or Disability

This segment of the Mental Health-Friendly Workplace circle is the least frequently “visited,” by both employer and employee. An employee may require only a few days away to re-establish equilibrium and then return to his or her job. For some, a longer respite may be required.

From a supervisor’s standpoint, knowing how best to remain in touch with and supportive of an employee during this time period is very important. Likewise, from the employee’s standpoint, being able to stay in touch—in the mode preferred by the employee—may be the link that keeps hope alive during a difficult season. If the employee is open to it, communication with coworkers can be therapeutic as well. Maintaining *confidentiality safeguards* is very important during this time period.

Case studies and reports of employees whose mental illnesses forced them to be away from work for a time underscore the importance to the employee of the continued support and compassion of a supervisor. The degree of involvement during that time period is, of course, primarily at the discretion of the person who is away ill.

One of the most encouraging and hopeful activities that a supervisor and employee can undertake during the recuperation period is planning for the return to the job. Employer flexibility is key. For example, it may be best that the employee start back on a reduced schedule. While the transition usually is most successful if the employee is returning to his or her old job, there may be aspects of the job that could be reshaped to meet both employee and workplace needs. An employee assistance professional or health care provider can be very helpful in suggesting ways to make the planning process work well, and indeed they may be able to participate with the employee and the supervisor in this planning activity. If an appropriate peer support match is available from the workplace, this planning/transition period is a favorable time to introduce the possibility. Ideally, a conversation or meeting between the two employees would take place prior to the return to work.

Return to Work

As pointed out in the previous segment, the ongoing work of maintaining communication and planning for return to work is very important to a smooth return. The supervisor should be well versed in the returning

employee's wishes regarding what information is shared with coworkers. Depending upon the specific circumstances, there may be necessary adjustments or reasonable accommodations upon return. The stronger the supervisor-employee relationship, the easier the adjustment will be. If the business has a coworker peer support program, this component can augment the supervisor's role in easing the readjustment to the work environment.

Another important contingency deserves forethought and planning. Sensitivity to mental health issues and attention to supervisor training regarding workplace problem-solving and reasonable accommodations generally preclude the need for termination. In the rare event these efforts fail, and an employee's departure becomes necessary, the business (top management, human resources or other personnel administrator, supervisor, and coworkers) should ensure that the employee's exit is carried out with respect and care for his or her human and professional dignity. "Exit with dignity" policies and practices are equally important for the departure of any employee. Thoughtful, respectful gestures include deference to the employee's wishes about what is said to coworkers or clients, whether or not future contact would be welcomed by the departing employee, and whether or not a farewell event would be comfortable.

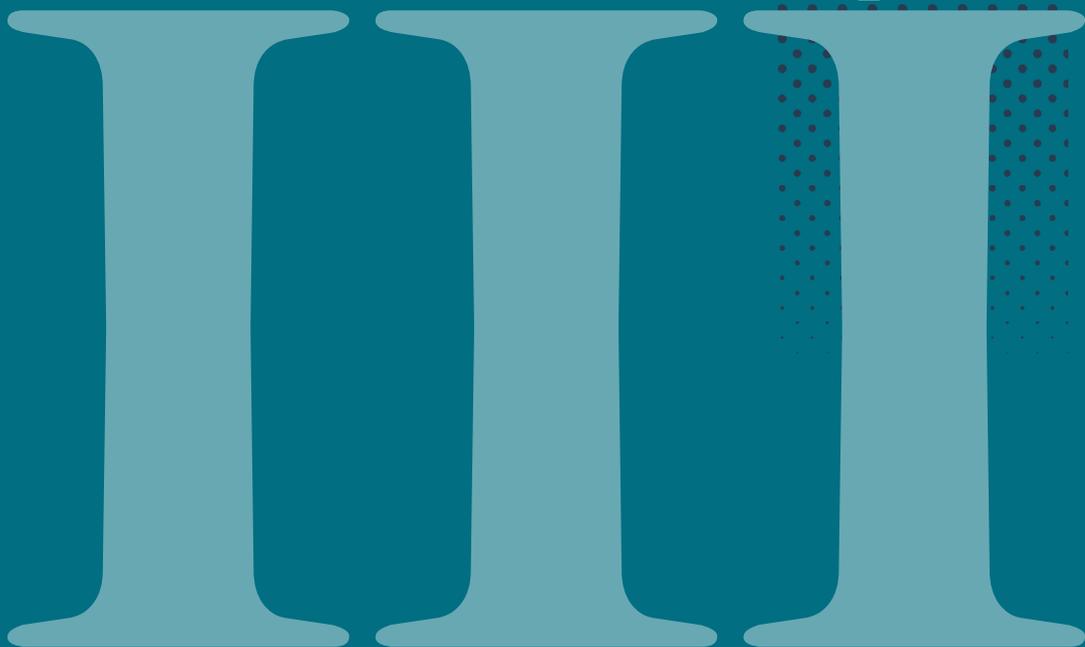
Endnotes

⁴ Handrich, Rita R., Ph.D., "Responding Effectively to Mental Illness in the Workplace." Presentation at "Can Health Services Research Influence Public Policy and Private Actions?" a conference jointly sponsored by the Association for Health Services Research and the National Alliance for the Mentally Ill and supported by the Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, the National Institute for Mental Health, Eli Lilly and Company, and Merck & Co., Inc., December 8-9, 1999.

⁵ The Mental Health-Friendly Workplace Circle was inspired by "Chart 1: An holistic approach to managing an individual," in "Line Managers' Resource: A Practical Guide to Managing and Supporting Mental Health in the Workplace," London, UK: mindOUT for mental health campaign, Department of Health, p. 8.

SECTION

Policies and Practices for the Mental Health-Friendly Workplace



III. POLICIES AND PRACTICES FOR THE MENTAL HEALTH-FRIENDLY WORKPLACE

This section amplifies some of the policies and practices noted in the Workplace Circle in Section II. The descriptions are intended to show a range of practice variations and point toward resources for more information or technical assistance. Items are arranged in alphabetical order for easy reference.

Americans with Disabilities Act (ADA)

Title I of the Americans with Disabilities Act of 1990, which took effect July 26, 1992, prohibits private employers, State and local government, employment agencies, and labor unions from discriminating against qualified individuals with disabilities in job application procedures, hiring, firing, advancement, compensation, job training, and other terms, conditions, and privileges of employment. An individual with a disability is a person who:

- Has a physical or mental impairment that substantially limits one or more of his/her major life activities;
- Has a record of such an impairment; or
- Is regarded as having such an impairment.

With the passage of the ADA, employment of qualified individuals with disabilities became a civil right, enforceable by legal action. A qualified employee or applicant with a disability is an individual who, with or without reasonable accommodation, can perform the essential functions of the job in question. Any person has the potential need to be accommodated, on a temporary or permanent basis, which makes it a persuasive option as well as the right thing to do.

Reasonable accommodations are "...modifications to the job application process, the work environment, or job that will enable the qualified individual with a disability to perform the essential functions and enjoy equal benefits and privileges of employment. Employers do not need to provide accommodations if they can demonstrate that doing so would result in an undue hardship."⁶ See *Reasonable Accommodations* for examples. (See also *Disability Management*.)

The U.S. Equal Employment Opportunity Commission (EEOC) has responsibility for enforcing several different discrimination laws, including

Title I of the ADA. The provisions of the ADA apply to all employers with 15 or more employees. The Web site www.eeoc.gov provides very practical, plain-English facts and guidance for employers about compliance with the ADA.

Confidentiality Safeguards

Protection of an employee's right to privacy is a key policy element of any Mental Health-Friendly Workplace. Two major factors guide that policy: the protections ensured by the Health Insurance Portability and Accountability Act (HIPAA) and similar State legislation, as well as the specific wishes of the employee about how much information to share with his/her supervisor and coworkers.

State and Federal laws require a specific level of confidentiality for health information issues. In general, these laws stipulate that information regarding treatment—even the fact that one is receiving treatment—can only be released with the patient's (employee's) written permission.

To receive the protections of the Americans with Disabilities Act as “reasonable accommodations,” the employee must be willing to disclose to the employer that he or she has a disability. The congruence between the formal statements of the business and the informal climate of the workplace with regard to its mental health friendliness plays a significant role in an employee's willingness to self-disclose to request a “reasonable accommodation.” Interviews with employees who have self-disclosed reinforce the importance of flexible workplace practices, and supervisor and coworker support.

An employee assistance professional can be a consultant/resource for helping to create workplace policy and for training supervisors on Federal and local confidentiality requirements.

Disability Management

Disability management is the process of working effectively with employees who become disabled. Disability management includes the use of services, people, and materials to 1) minimize the impact and cost of disability to the employer and the employee; and 2) encourage return to work of an employee with disabilities.⁷

Although the term disability management may not be in general use in the workplace, in practice, all businesses are managing employee disability—to greater and lesser degrees of effectiveness.

This resource is designed to help move business practice toward more effective use of services, people, and materials to prevent or minimize the impact and cost of disability to the employer and the employee. The Mental Health-Friendly Workplace Circle in Section II depicts the major elements of employee work life that must be managed and supported by mental health-friendly policies and practices if *all* employees—including those with disabilities—are to thrive. The “return to work of an employee with disabilities” is also envisioned in the Mental Health-Friendly Workplace circle (see the Recruitment/Orientation, Away, and Return to Work segments).

Traditional disability management is thought of as rehabilitation for people with physical disabilities, and that is primarily the domain of vocational rehabilitation practitioners. The inclusion of mental or “invisible” disabilities in the provisions of the Americans with Disabilities Act has called for some new thinking about disability management.

One approach to disability management in the United States is to reduce the costs of disability insurance through activities designed to prevent disabilities from occurring and/or to minimize their impact on workers and employers. In this approach activities include: safety (prevention) programs, employee health and assistance programs, and return-to-work programs.⁸

Another approach to disability management centers on collaboration among employers. See *Mental Health Employer Consortium* (page 19), which describes the Maine Medical Center approach to disability management—a community-wide approach to managing the return-to-work aspects of disability management.

Employee Assistance Programs (EAP)⁹

EAPs are resources provided by an employer either as part of or separate from employer-sponsored health plans. EAPs typically provide preventive care measures, various health care screenings, and/or wellness activities.

EAPs have been around for several decades. Initially they were occupational alcoholism programs, but they soon evolved to include drug abuse and mental health. Now a broad range of work-life service options are available:

- Information and referral services for mental and behavioral health services;
- Individual in-person and telephone counseling;
- Grief, marital, or family counseling;
- Financial or job-related problem counseling;
- Training for supervisors in identification and referral for work-related

behaviors that may be indicative of a mental or behavioral health problem;

- Assistance for supervisors in techniques of problem-solving and providing reasonable accommodations to head off problems and prevent termination; and
- Consultation with corporate executives on EAP needs and program design.

It is estimated that more than 70 percent of the largest employers have EAPs. Smaller employers may arrange for some of the same functions and services (e.g., information and referral) through a managed care or other health care provider agreement.

Employee assistance programs in large corporations often are operated onsite as part of an employer-sponsored health plan. Some corporations with their own onsite health facilities still retain the services of an offsite employee assistance professional to work with the corporate human resource personnel and top executives to develop appropriate health and wellness strategies to meet corporate goals.

In addition to providing services to employees, EAPs can provide valuable training and consultation for supervisors to help them be aware of and pick up on the workplace behavior cues that may indicate an employee is experiencing distress. Most important, EAPs can help supervisors problem-solve with the employee and to arrange reasonable accommodations to head off problems, prevent termination, and increase workplace productivity. Consultation with the EAP on how to support and plan for the return of an employee who is away from work due to mental illness is also an invaluable resource.

Communication with employees about the EAP and other related benefits should be clear and frequent. EAP or community resource phone numbers, or Web site URLs should be posted on the company Intranet, in its newsletter, and on bulletin boards. Brochures should be kept in break rooms and other areas frequented by employees.

Family and Medical Leave Act of 1993 (FMLA)¹⁰

The FMLA, administered by the U.S. Department of Labor, applies to most employers of more than 50 employees. A covered employer must grant an eligible employee up to a total of 12 work weeks of *unpaid* leave (for covered conditions) during any 12-month period. Among the reasons eligible employees are entitled to leave are the instances in which an employee is unable to work

because of a serious health condition. “Serious health condition” is defined as an illness, injury, impairment, or physical or mental condition. For details of the FMLA, frequently asked questions, employer coverage and employee eligibility criteria, and other provisions of the law, go to www.dol.gov/esa.

Health Insurance (Mental Health Benefit)

Investment in a mental health benefit is an employer action that speaks louder than words about the mental health-friendliness of the business. Ideally the insurance investment will include appropriate coverage for treatment, prevention, and educational programs. It should be confirmed that the treatment and services provided are indeed available through an adequate network of providers. Employees need to be well-informed of the specifics with regard to their mental health coverage when choosing among health insurance options. Different States have different policies and/or laws with regard to mental health parity; therefore, it is very important that human resource managers adequately describe the differences in mental health care coverage if various health insurance plan options are offered.

Among the onsite programs that can be provided by health insurers are the following:

- Onsite screening and preventive health care programs, coupled with incentives for participation, including stress management and depression screenings;
- Educational seminars on mental health topics;
- Supervisor education on detecting mental illnesses in the workplace; and
- Rapid response teams for crisis intervention.

A health insurer’s toll-free information access line should be well publicized to supervisors and employees. Persons who are experiencing distress or simply want to learn more about symptoms of specific mental illnesses should have the phone number and Web site URL for reaching this resource close at hand.

(See also *Employee Assistance Programs*, page 16, and *Health and Wellness Programs*, page 19.)

Health and Wellness Programs

These programs focus on maintaining a state of health and well-being through health promotion. The *American Journal of Health Promotion* defines this concept as follows: “Health promotion is the science and art of helping people change their lifestyle to move toward a state of optimal health. Optimal health is defined as a balance of physical, emotional, social, spiritual, and intellectual health. Lifestyle change can be facilitated through a combination of efforts to enhance awareness, change behavior, and create environments that support good health practices. Of the three, supportive environments will probably have the greatest impact in producing lasting change.”¹¹

Many wellness programs are started in an attempt to hold down skyrocketing health care costs (see the Highsmith Inc. business portrait in Section IV) or to reduce or ameliorate the effects of stress in the workplace. In recent years, many employee assistance programs have incorporated work-life balance and other wellness dimensions.

See Appendix B for resources that can help in creating wellness programs.

Mental Health Employer Consortium ¹²

An employer consortium is formed in a community for one or more of the following purposes:

- To educate employers in the community about mental illnesses and their effect on employment;
- To develop strategies and supports among employers to use when persons with known mental illnesses require some form of assistance to preserve their job;
- To increase the ability of the member employers to support a diverse workforce in general;
- To help employers determine what workforce accommodations are appropriate for persons with mental illnesses;
- To increase the number of people hired who are known to have mental illnesses; and/or
- To provide a forum in which employers can seek and attain support from one another to address issues and concerns that may arise.

A local employer, such as a hospital or university, may decide that it is willing to sponsor a consortium. This organization brings special psychiatric and vocational expertise. The sponsor may seek seed money from a local

foundation or a community betterment fund within its own organization. The sponsoring organization identifies local employers to approach.

Employers who have participated in the development of a consortium report that the process of joining, as well as hiring people with known psychiatric disabilities, changed them as individuals and changed their companies.

Changes included:¹³

- Reduced fear and stigma;
- Increased comfort with and trust of persons with mental illnesses;
- More willingness to work toward positive solutions;
- More knowledge about how to handle problems;
- More detailed understanding of accommodations; and
- Better management of people with mental health issues who were not identified in the past.

The Maine Medical Center, with support from the Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services, documented and published a record of the experience of developing a Consortium. The 83-page booklet, “Business Partnership, Employment Outcomes: The Mental Health Employer Consortium,” is available from the Maine Medical Center, Department of Vocational Services, 22 Bramhall Street, Portland, ME 04102; Telephone: (207) 871-2088.

Mental Health-Friendly Practices on a Limited Budget

Even with limited resources, smaller companies can create Mental Health-Friendly Workplaces in which employees with mental illnesses are valued and the workplace climate is accepting and supportive of good health, including mental health. To begin, here are a few examples that every business can have:

- Formal and informal policies about workplace conduct and how coworkers treat each other;
- Speakers on mental health topics from local mental health organizations;
- Resilience-building activities that protect against the effects of workplace stress, perhaps led by an employee with special expertise or interest, such as yoga, tai chi, or lunchtime fitness walks (employees training employees) or workshops on problem-solving, effective communication, and conflict resolution;

- Training in what every supervisor needs to know to help create and support a mental health-friendly environment (initial resources for training provided in this resource);
- Brochures from local community mental health organizations about how to access services; and
- Mental Health Awareness Month or other visible mental health-friendly events/activities and education/information materials (see Section V of this resource).

The Coffee By Design business portrait in Section IV vividly illustrates the old adage: “where there’s a will there’s a way.” Even small business can find resources in the community that can help provide education, information, treatment, and supervisory training. FREE mental health education materials and information about services are readily available from highly reliable sources such as the Substance Abuse and Mental Health Services Administration and the National Institutes of Health, both of the U.S. Department of Health and Human Services via their Web sites. (See Appendix B, “Resources for Building Mental Health-Friendly Workplaces.”) Within your State, county, or city public agencies and mental health organizations can provide services and information. These can even be accessed through some of the national Web sites listed in Appendix B.

Peer Mentor or Buddy System

This is an idea that is equally useful for all employees entering a new corporate environment. It is especially beneficial for someone who is entering the workplace with fears of being stigmatized or avoided by other employees. Peer mentors or buddies are a personal adjunct to the business’s more formal orientation activities.

The goal of this kind of mentoring or buddy system is to help the new employee become fully integrated into the work group and the culture of the workplace as quickly and comfortably as possible. Peer mentors or buddies could be a group of employees who volunteer to serve in that capacity, or they could be appointed to the role as an acknowledgment of their good interpersonal skills and corporate citizenship abilities.

Mentors or buddies need to be oriented to the business’s desired outcomes for the activity and to the essential aspects they should cover, such as organizational values, informal policies, and norms for how people work and communicate with each other. Mentors need to be good listeners, as well. As they get to know the new employee, they can facilitate introductions to individuals and activities that are likely to be enjoyable. (See also *Peer Support*.)

Peer Support

This is a variation on the peer mentor or buddy concept. Here, the peer connection is to another person or group of persons (sometimes called self-help groups) who also have experienced mental illnesses. Identifying peers for this purpose requires all persons involved to be willing to self-disclose. The idea is that the returning employee's transition is much smoother and more comfortable when an understanding buddy (or group of coworkers) is willing to share the journey and support another's return to full employment. Peer support groups also can be found outside the workplace. Employee assistance programs may keep lists of local peer support groups. Local chapters of national advocacy organizations such as the National Mental Health Association (NMHA), the National Alliance for the Mentally Ill (NAMI), and others listed in Appendix B, are a resource for finding information about local self-help groups (peer support groups). In addition, the health section of local newspapers often lists local support groups for persons with different mental illnesses. (See also *Peer Mentor* or *Buddy System*.)

Reasonable Accommodations

The need for reasonable accommodations for a person with a mental illness usually is requested by the employee in discussion between employer and employee. Equal Employment Opportunity Commission (EEOC) regulations (pertaining to the Americans with Disabilities Act) specify that the employer should take into account, but is not obligated to abide by, the employee's preference within the range of effective accommodations. The employer is not required to provide accommodations that would pose an "undue hardship" on the operation of the business. Similarly, workers cannot be forced to accept accommodations that are neither requested nor needed. From time to time, laws and court decisions change policies and requirements. It may be important to check for updates at www.eeoc.gov.

One study of employers who have made reasonable accommodations for employees indicated that employers had not made these accommodations to comply with the law. Rather they cited other reasons specifically:

- It made good business (i.e., financial) sense;
- Such modifications are made for any employee who needs them;
- They had come to value the worker over time (e.g., for his/her skills or reliability); and
- They had empathy for the worker's needs and considered the accommodation fair or humane.¹⁴

Examples of reasonable accommodations for persons with mental disorders, as required by the Americans with Disabilities Act, could include:

Schedule modification

- Allowing workers to shift schedules earlier or later
- Allowing workers to use paid or unpaid leave for appointments related to their mental disability
- Allowing an employee to work part-time temporarily (e.g., when first returning from an absence)

Job modification

- Arranging for job sharing
- Reassigning tasks among workers
- Reassigning the employee to a vacant position

Modifications to the physical environment

- Providing an enclosed office
- Providing partitions, room dividers, or otherwise enhancing soundproofing and visual barriers between workspaces

Changes in policy

- Extending additional paid or unpaid leave during a hospitalization
- Allowing an employee to make phone calls during the day to personal or professional supports
- Providing a private space in which to make such phone calls
- Allowing workers to consume fluids at their work stations throughout the work day (e.g., if needed due to medication side effects)

Provision of human assistance

- Allowing a job coach to come to the work site
- Participating in meetings with the worker and his/her job coach or other employment service provider

Provisions of assistive technology

- Providing a portable computer to enable an employee to work at home or at unusual hours
- Providing software that allows the worker to structure time and receive prompts throughout the work day

Supervisory techniques

- Offering additional supervisory sessions
- Offering additional training or instruction on new procedures or information

Supervisor Training

It is reported that many supervisors (as well as other employees) are not well informed about mental illnesses, skilled in managing employees with mental illnesses, or well versed about the requirements or protections of the Americans with Disabilities Act (ADA).¹⁵

To invest in other mental health-friendly policies and practices, and to overlook the training of supervisors would be short-sighted, indeed. It is understood that supervisor time for such activity is costly for an organization, and therefore limited. Employee assistance programs often provide supervisor training as a part of their service, and they usually are available for supervisor consultation on how to handle difficult situations.

Some introductory supervisor training materials are provided as a part of this resource (see Section VI). They provide a starting point to engage supervisors in the creation of a more accepting, stigma- and discrimination-free, Mental Health-Friendly Workplace.

Supported Employment (SE)

Supported employment is a service provided for persons with severe mental illnesses and their employers. SE programs help persons with severe mental illnesses find and keep jobs.

A review of effective SE services identified six critical goals for SE:¹⁶

- Pay is at least minimum wage but, preferably, at the prevailing wage rate;
- People with and without disabilities work together in an integrated setting;
- Support is ongoing and provided as needed;
- Services are individualized;
- Job selection is based on a person's preferences and skills; and
- Competitive employment is the goal.

SE program services vary across the country. The “job coach” is one popular model: A prospective employee is assigned a job coach to assist with finding a job and to provide vocational support either on or off the job site. Most support is provided in the community rather than in a mental health or other treatment center. The job coach may work with the employee, employer, and others (e.g., coworkers or family members) to promote a successful work experience.

Employers should be aware that employees with severe mental illnesses may receive Federal or State benefits such as Medicaid or Medicare or Social Security Disability Insurance benefits. While these benefits may supplement those provided through employer-sponsored benefit programs, they also may complicate decisionmaking for employees who are striving to protect access to these important benefits. Receipt of such benefits, for example, often limits how much an employee can earn before being removed from the benefit rolls. Such work limitations may lead employees to engage in counterintuitive behaviors, such as as refusing promotions, increases in work hours, or pay raises.

Employers must recognize that these behaviors do *not* indicate a lack of interest in or dedication to the job. Employees in such circumstances may need assistance to help determine how their public benefits will be affected by their work situation. The Social Security Administration supports benefit planning assistance and outreach centers that can be of great use to such employees (see www.ssa.gov/work or www.jan.wvu.edu/SBSES/VOCREHAB.htm). Supported employment programs are also well versed in such issues.

SE programs are funded by a number of Federal and State government agencies, including State offices of vocational rehabilitation (VR) and State mental health authorities. Medicaid rehabilitation funding is available for some aspects of SE in some States. The Social Security Administration’s Ticket to Work and Work Incentives Improvement Act of 1999 established a new initiative to provide greater access and choice for employment services in the community (see www.ssa.gov/work).

Endnotes

⁶ *Work as a Priority: A Resource for Employing People Who Have Serious Mental Illnesses and Who Are Homeless* (Rockville, MD: Center for Substance Abuse Prevention, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services, 2002), p. 71.

⁷ Gabriel, Phyllis and Marjo-Riita Liimatainen, glossary to *Mental Health in the Workplace* (Geneva: International Labour Office, 2000).

⁸ O'Reilly, Arthur, "The Right to Decent Work of Persons With Disabilities: IFP/Skills Working Paper No. 14 (Geneva: International Labour Office, 2003), p. 69.

⁹ The acronym EAP is also used to refer to an employee assistance professional and/or an employee assistance plan. In this document, unless explicitly noted otherwise, it is used to mean employee assistance program.

¹⁰ Information on the Family and Medical Leave Act of 1993 was taken from "Fact Sheet #28: The Family and Medical Leave Act of 1993," U.S. Department of Labor, www.dol.gov/esa (April 22, 2004).

¹¹ O'Donnell, Michael P., *American Journal of Health Promotion*, 3, no. 3 (1989): 5.

¹² Information on employer consortiums is drawn from Richard Balsler, Helaine Hornby, Karen Fraser, and Christine McKenzie, *Business Partnerships, Employment Outcomes: The Mental Health Employer Consortium* (Portland, ME: Maine Medical Center, 2001).

¹³ *ibid.*, p. 51.

¹⁴ Mancuso, Laura L., M.S., C.R.C. "Case Studies on Reasonable Accommodations for Workers With Psychiatric Disabilities." In *Case Studies on Reasonable Accommodations for Workers With Disabilities* (study funded by the Community Support Program, Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services, June 1993). Available online at www.mentalhealth.samhsa.gov/publications/allpubs/CS00-0008/default.asp.

¹⁵ For example, in qualitative research conducted by Greenberg Quinlan Rosner, June-July 2002, and in focus groups of business community managers conducted by The Gallup Organization, April 2003.

¹⁶ "Supported Employment for Persons With Psychiatric Disabilities: A Review of Effective Services," developed by the National Mental Health Association as part of the Targeted Technical Assistance project of the National Association of State Mental Health Program Directors (NASMHPD) and the Division of State and Community Systems Development (Mental Health Block Grant) of the Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services (no date), p. 3. Available at www.mentalhealth.samhsa.gov (search site by document title).